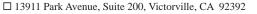
\square 385 N. Arrowhead Avenue, San Bernardino, CA 92415-0160



☐ 1647 E. Holt Blvd., Ontario, CA 91761

Web site: www.sbcounty.gov/dehs



County of San Bernardino Department of Public Health DIVISION OF ENVIRONMENTAL HEALTH SERVICES



DATE:
PAID:
CHECK #:
REC'D BY:
RECEIPT #·

Application for Health Permit

PHONE_ APPLICANT MUST FILL IN ALL BLANKS EFFECTIVE DATE OF TRANSFER FACILITY NAME FACILITY ADDRESS _____ NO P.O. BOX NUMBERS CITY/STATE/ZIP _____ CARE OF ______ FACILITY PHONE NUMBER (_____) _____ ALTERNATIVE PHONE NUMBER (_____)_ FACILITY FAX NUMBER (______) FORMER FACILITY NAME_____ LEGAL OWNER INFO ____ CARE OF (IF NOT OWNER) _____ NOT MANAGEMENT COMPANY OR REPRESENTATIVE LEGAL OWNER ADDRESS CITY/STATE/ZIP _____ LEGAL OWNER PHONE NUMBER (_____)___ LEGAL OWNER DRIVER'S LICENSE _____SSN____

FOR COUNTY USE - TO BE COMPLETED BY OFFICE STAFF WHEN APPLICATION IS

*Leave blank **only** if this is a new facility. MAIL PERMIT TO: F A O

OW #_____ CONTRIBUTOR #____ DISTRICT # ____

CITY CODE # _____ DESIGNATED EMPLOYEE #____

APPLICAN	T MUST FILL I	N ALL BLA	NKS
MAIL INVO	ICE TO:		
Business Name	::		
Care Of:			
Address			
City/State/Zip			
E-mail	Phone		Fax
TOTAL FEE DUE	\$		
AND FEE MUST I DELINQUENT FE I hereby make appli use, or service in ac force by the United to the above mentic permit and operatio I understand that any	BE SUBMITTED PRIOR 'E WILL BE CHARGED. cation for health services an excordance with the laws, or States government, the Somed business. I hereby con of the business.	nd permit to establish ordinances, and regulate of California, a nsent to all necessal	A DELINQUENT FEE. APPLICATION BY ANY NEW OWNER, OR A th and/or operate the above mentioned business, alations that are now or may hereinafter be in and the County of San Bernardino pertaining ary inspections incident to the issuance of this ed to, equipment changes or additions, requires bening. Initial
Signed		Date/ _	/ Title
KEN	GION ENTERDED DV		DATE
ENVI	SION ENTERED BY		DATE

PERMIT EXP DATE _____

RENEWAL

DATE

(MAILED TO APPLICANT)

TRANSFER

(Circle One)



County of San Bernardino • Department of Public Health DIVISION OF ENVIRONMENTAL HEALTH SERVICES



Application for Health Permit

OFFICE USE ONLY

<u>MAKE</u>					
	<u>YEAR</u>	DECAL#	DECAL#	NUMBER OF GALLONS	or Square Footage
					Soft Serve Number of Machines
					Vending Machines Number of Units
					RECREATIONAL HEALTH:
					Number of: Pools Spas
ГТЕR					Wading Pools Water Slide
					MASSAGE:
					Number of Units
					WATER:
					Number of Connections
			***		VECTOR:
ite #, iviake, Teal, Dec	ai # aiiu Nuiiibei bi	wiacililes belo	W		Number of Birds/Horses
LICENSE PLATE	MAKE	VEAD	DECAL #	NUMBER OF	1,411,661 01 21143/1101060
NUMBER	MAKE	YEAR	DECAL #	MACHINES	HOUSING:
					Number of Units
					MOBILE HOME PARKS:
					Number of Units
					TATTOOING, BODY PIERCING and
					PERMANENT COSMETICS:
					This facility does: Tattooing Body Piercin Permanent Cosmetics
					Business Hours
]	TTER TNG MACHINES/CA ate #, Make, Year, Deca LICENSE PLATE NUMBER	TTER ENG MACHINES/CATERING TRUCK ate #, Make, Year, Decal # and Number of LICENSE PLATE NUMBER MAKE	TTER ENG MACHINES/CATERING TRUCKS: ate #, Make, Year, Decal # and Number of Machines belo LICENSE PLATE NUMBER MAKE YEAR	TTER ENG MACHINES/CATERING TRUCKS: ate #, Make, Year, Decal # and Number of Machines below LICENSE PLATE NUMBER MAKE YEAR DECAL#	TTER ING MACHINES/CATERING TRUCKS: ate #, Make, Year, Decal # and Number of Machines below LICENSE PLATE NUMBER OF